



Incident Report

Print Date/Time: 07/20/2016 10:02

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00009217

Incident Date/Time: 5/15/2016 10:40:00 AM
Location: SR 9 NE / SR 92
MARYSVILLE WA 98270
Phone Number: (425) 760-2065
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0132-Kilroy
19D2	SS0127-Adams
19S15	SS0126-Hingtgen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	RECORD, LOIS		(425) 740-4247			
2	Reporting Party	KENNEDY, MIKE					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AYY9902	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

05/15/2016 : 11:34:10 SP0402 Narrative: TOW OS

05/15/2016 : 10:58:42 SP0120 Narrative: SVR Notes: MUSTANG ON ITS TOP, 15 FT OFF ROADWAY. SKY VALLEY TOW ENRT

05/15/2016 : 10:49:03 SP0189 Narrative: 1 GREEN PT

05/15/2016 : 10:49:00 SP0189 Narrative: 1 VEH ON ITS TOP IN DITCH, INV,

05/15/2016 : 10:48:22 SP0189 Narrative: CANCEL A66

05/15/2016 : 10:48:16 SP0189 Narrative: SB SR 9 IS SHUT DOWN

05/15/2016 : 10:44:30 SP0189 Narrative: ADD A81 A83

05/15/2016 : 10:42:58 SP0189 Narrative: NO ONE SEEN GETTING OUT OF THE ROLLED CAR, IS ON THE WEST SIDE OF SR 9

05/15/2016 : 10:42:52 SP0357 Narrative: THIS RP SAYING PT EXTRICATED, CABN, DORIE BOYLES, 206-427-2085

05/15/2016 : 10:42:02 SP0357 Narrative: THIS RP HAS NFI

05/15/2016 : 10:41:56 SP0189 Narrative: 3 CAR ACCIDENT,

05/15/2016 : 10:41:38 SP0152 Narrative: Narrative added from associated Call #: 485 - 1 VEH ROLL OVER, VEH STILL ON TOP, UNK INJ, NON BLKING, RED MUSTANG

05/15/2016 : 10:41:14 SP0357 Narrative: ROLLOVER

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E545019**CASE # **2016-00009217**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **05** - **15** - **2016** **1041** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 9 NE

BLOCK NO. ☒
MILE POST

3600

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **SR 92**

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

KEMMIS

FIRST NAME

BREANNE

MIDDLE
INITIAL

R

STREET
NEW ADDRESS

510 S KENTUCKY AVE

CITY

GRANITE FALLS

ST

WA

ZIP

982528760

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

KEMMIBR131PT

STATE

WA

SEX

F

D.O.B.
MMDDYYYY

10

30

1987

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USEINJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

Ayy9902

STATE

WA

VIN#

1FAFP4045YF136333

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2000

MAKE

FORD

MODEL

MUSTANG

STYLE

CP

VEHICLE TOWED
YES ☒ NO ☐

TOWED BY

SKY VALLEY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. BREANNE KEMMIS 510 S KENTUCKY AVE GRANITE FALLS WA 982528760 D: 2063105620

LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #

STATE FARM 3927924D0147

VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA

UNIT 02

MOTOR
VEHICLE☐PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USEINJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)

J. KILROY #0132

BADGE OR ID #

#0132

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E545019**CASE # **2016-00009217**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		STACH BRENT A																
ADDRESS & PHONE # 4254205559										SEX M	D.O.B. MMDDYYYY 09	-	20	-	1976			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		BOYLES CHRIS D																
ADDRESS & PHONE # 2062763091										SEX M	D.O.B. MMDDYYYY 05	-	14	-	1970			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was making a left turn from SR 92 onto SR 9. Driver of unit 1 said while making the left turn she lost control. The driver of unit 1 and two other witnesses said unit 1 did a half turn and then flipped over. Unit 1 ended up on it's roof on west side of SR 9.

No injuries at this time and unit 1 was towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132		05-15-16 12:53 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLA CE SIGNED
APPROVED BY W. AUKERMAN 0072		DATE 5/19/2016 4:47:46 PM	
BADGE OR ID #	#0132	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
10:44 AM		10:48 AM	

REPORT NO. E545019

CASE # 2016-00009217

DATE AND TIME
OF COLLISION 05/15/16 10:41



Not To Scale

